

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of

Toshiyuki Mitsubori

Application No.: 10/705,844

Filing Date: November 13, 2003

Title: PRINTING DEVICE, PRINTING JOB  
TRANSMISSION DEVICE, PRINTING METHOD,  
PRINTING, JOB TRANSMISSION METHOD,  
PRINTING PROGRAM, PRINTING JOB  
TRANSMISSION PROGRAM, AND COMPUTER-  
READABLE RECORDING MEDIUM FOR  
RECORDING SAID PROGRAMS

) **MAIL STOP RCE**

) Group Art Unit: 2625

) Examiner: Lennin R. Rodriguez

) Confirmation No.: 4885

**REQUEST FOR CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer Number **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 of the above-identified application.

1. ☒ a. Applicant(s) requests that any previously unentered after final amendments **not** be entered. Continued examination is requested based on the enclosed documents identified in item 1.c. below.
- ☐ b. Applicant(s) previously submitted the following document(s) for which continued examination is requested:
- ☐ i. Consider the amendment previously filed on \_\_\_\_\_.
- ☐ ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_.
- ☐ iii. Other: \_\_\_\_\_
- ☒ c. The following documents are enclosed with this submission:
- ☒ i. Amendment ☒ iv. Petition for Extension of Time
- ☐ ii. Affidavit(s)/Declaration(s) ☐ v. Other:
- ☐ iii. Information Disclosure Statement

2. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed three months. **Fee under 37 CFR § 1.17(i) required.**)
3. ☒ **The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.** The fee is calculated below on the basis of the highest number of claims previously paid for in this application prior to this submission.

					FEES
<b>RCE Fee (1801)</b>					<b>\$ 810</b>
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	
Total Claims	13	20	0	x 52 (1202)	\$ 0
Independent Claims	5	5	0	x 220 (1201)	\$ 0
<b>Total Fee</b>					<b>\$ 810</b>
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ - 0
<b>TOTAL APPLICATION FEE DUE</b>					<b>\$ 810</b>

4. ☐ Charge \_\_\_\_\_ to Deposit Account No. **02-4800** for the fee due.
5. ☒ Charge \$810 to credit card for the fee due.
6. ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.

Respectfully submitted,

BUCHANAN INGERSOLL &amp; ROONEY PC

Date: October 22, 2010By: /David R. Kemeny/  
David R. Kemeny  
Registration No. 57241Customer No. 21839  
703 836 6620